

### ***Referral Process:***

The Network will refer grievances that are not specifically ESRD Network issues, such as staff safety, fraud, and compliance with the Conditions for Coverage (CfC) to the appropriate State Survey agency (SSA) or other local, State, or Federal agencies. The referral procedure has been developed to ensure all beneficiary concerns are addressed by the appropriate State and/or Federal Agency.

### ***Referral Procedure:***

#### **State Survey Agency (SSA)**

The Network serves the state of Illinois (Network 10) and works closely with the State Survey Agency (SSA). Current SSA contact information is kept on file and available to all Network staff.

#### **Appropriate referrals to SSA include the following:**

1. Life threatening situations where patients are in immediate jeopardy
2. If the grievance is not life threatening but involves serious violations of the Conditions for Coverage (CfC), the Network coordinates its activities with the SSA and/or refers the complaint.
3. Identification of a pattern of grievances, involuntary discharges or in failure to comply with Network activities the Network will be referred.
4. Grievance Quality Improvement Activity noncompliance. If it has been determined that the facility has not complied with the QIA after timely Network reviews, a decision will be made by the Network and MRB chair or assigned reviewer as to whether to amend the existing QIA, recommend a sanction to the PO and/or refer the situation to the SSA.

#### **Network process for referrals to SSA includes the following:**

1. Life threatening situations are referred immediately.
2. Once the need for a referral is identified the Network will contact the State Survey agency within 2 days.

*Serving the renal community in Illinois*

911 E. 86th Street, Suite 202 Indianapolis, Indiana 46240

Patient Line: 800.456.6919

Phone: 317.257.8265

FAX: 317.257.8291

Email: [info@nw10.esrd.net](mailto:info@nw10.esrd.net)

Web: [www.therenalnetwork.org](http://www.therenalnetwork.org)

3. Contact may be done via phone and/or email.
4. A case number will be requested from the State Survey agency representative and/or another form of verification of the contact.
5. If sent by mail, the letter will detail the concerns and relevant Condition for Coverage with a request for written acknowledgement.
6. If related to a specific patient grievance or involuntary discharge the actions will be documented in the PCU.
7. Referrals will be documented on the Network Monthly Grievance and Access to Care report sent to the SSA's via email monthly.
8. Referrals may be discussed during bi-monthly Conference Calls.